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REGION I

'04 NOV 16 AIO :03

5 November, 2004

Nuclear Regulatory Commission
Region II
Sam Nunn Federal Center
61 Forsyth Street, SW
Suite 23T85 Atlanta, GA
30303-8931

45-19566-01
03017892

To Whom It May Concern:

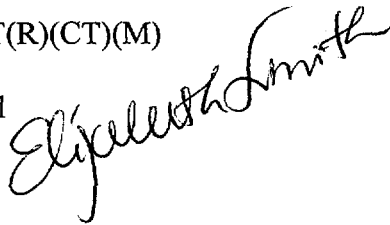
This is regarding the addition of a physician to our current license, number 45-19566-01, covering the Warren Memorial Hospital in Front Royal, Virginia.

Dr. Craig C. Jonas, M.D.

Included in this packet is a copy of his ABR certificate #45840 from May 2000. Ms. Hlavinka, administrator of Virginia Radiology Associates, assured me that, in her conversation with Penny Lanzisera, she was assured that this was all that would be needed. I was also understood that this only covers Dr. Jonas for 100 and 200 studies and that further documentation would be needed to approve him for covering therapies.

If you need any other information in this matter please don't hesitate to call me. Thank you for your assistance in this matter,

Elizabeth M Smith, BS:RT(R)(CT)(M)
Nuclear Medicine
Warren Memorial Hospital
540-636-0418



135990

NMSS/RGNI MATERIALS-002

REF 135482

NRC FORM 312A (10-2002)	U.S. NUCLEAR REGULATORY COMMISSION	APPROVED BY ONE: NO. 3150-0120 EXPIRES: 10/31/2005	
TRAINING AND EXPERIENCE AND PRECEPTOR STATEMENT			
PART I - TRAINING AND EXPERIENCE			
Note: Descriptions of training and experience must contain sufficient detail to match the training and experience criteria in the applicable regulations.			
1. Name of Individual, Proposed Authorization (e.g., Radiation Safety Officer), and Applicable Training Requirements (e.g., 10 CFR 35.50) <div style="text-align: center; font-size: 1.2em;"><i>Craig C. Jonas, M.D.</i></div>			
2. For Physicians, Podiatrists, Dentists, Pharmacists - State or Territory Where Licensed <div style="text-align: center; font-size: 1.2em;"><i>Virginia</i></div>			
3. CERTIFICATION			
Specialty Board	Category	Month and Year Certified	
<i>The American Board of Radiology</i>	<i>Diagnostic Radiology</i>	<i>May 2000</i>	
Stop here when using Board Certification to meet 10 CFR Part 35 training and experience requirements.			
4. DIDACTIC OR CLASSROOM AND LABORATORY TRAINING (optional for Medical Physicists)			
Description of Training	Location	Clock Hours	Dates of Training
Radiation Physics and Instrumentation			
Radiation Protection			
Mathematics Pertaining to the Use and Measurement of Radioactivity			
Radiation Biology			
Chemistry of Byproduct Material for Medical Use			
OTHER			

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

Craig Christopher Jonas, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this seventeenth day of May, 2000
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology



R.R. Hately, MD
President

Steven A. Licht, M.D.
Secretary-Treasurer

W. C. ...
Executive Director

Certificate No. 45840

TOTAL P.02

NUM-01-2004 10:58

DIRKINH HULLLEY

003 SEP 2007 4 02:02

This is to acknowledge the receipt of your letter/application dated

11/5/2004, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND 45-19566-01 There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 135990.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20111031
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
 Applicant/Licensee: WARREN MEMORIAL HOSPITAL
 Received Date: 20041116
 Docket No: 3017892
 Control No.: 135990
 License No.: 45-19566-01
 Action Type: Amendment

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS
 Signed M. A. Perkins
 Date 11/16/2004

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /___/)

- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
 - Amendment _____
 - Renewal _____
 - License _____
- 3. OTHER _____

Signed _____
 Date _____